

# EXHIBIT B


**WITNESS STATEMENT — VEHICLE ACCIDENT**  
 PD 301-361 (Rev. 2-00)-Pent
CASE # 107-05

STATEMENT OF: <u>MICHAEL RALPH</u>		LAST NAME: <u>PHILLIPS</u>	PCT. <u>10PT</u>	ACCIDENT NO.	COMPLAINT NO.
RESIDENCE ADDRESS: <u>2 KOLB RD Rumson NJ 07760</u>			RESIDENCE TEL. NO.: <u>732-758-1141</u>	BUSINESS TEL. NO.: <u>908-227-897</u>	
LOCATION OF INTERVIEW: <u>SCENE OF ACCIDENT</u>			PRECINCT: <u>STATION HOUSE</u>	OTHER (DESCRIBE):	TIME OF REPORT: <u>0030</u>
IDENTITY OF ABOVE NAMED PERSON: <u>OPERATOR OF VEH. NO. 01</u>			PASSENGER IN VEH. NO.:	PEDESTRIAN:	WITNESS:
DATE OF ACC.: <u>2-25-07</u>	TIME: <u>2:20</u>	LOCATION: <u>W/B 37ST to S/B 9TH</u>	DATE OF BIRTH: <u>2-20-55</u> (52)		
DATE OF ACC.:			ACCIDENT INVOLVED: <input type="checkbox"/> DEATH <input checked="" type="checkbox"/> PERSONAL INJURY		

QUESTIONS FOR WITNESS, PASSENGER OR PEDESTRIAN ONLY	QUESTIONS FOR OPERATOR OF VEHICLE ONLY
Did you see the accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How many years have you driven? <u>35 yrs</u>
Where were you at the time of the accident? <u>my pick-up</u>	How long have you driven the vehicle involved in the accident? <u>since 1988</u>
Do you know any of the persons involved in this accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was there any mechanical failure or defects with the vehicle you were driving? <u>NO</u>
If yes, whom?	Did you consume any intoxicants or medication prior to the accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
At the time of the accident, was your visibility obstructed in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what, how much & where? <u>ADULT SNEEZING COLD 12 noon</u>
If yes, describe: <u>2 cars on my left side snow/rain</u>	Where were you coming from or going to? <u>work (44-45 Bway) to Home</u>
Who was with you at time of accident? <u>I WAS ALONE AT THE TIME</u>	

BELOW QUESTIONS TO BE ANSWERED IN ALL CASES, WHETHER SUBJECT IS OPERATOR, PASSENGER, PEDESTRIAN OR WITNESS

Briefly describe this accident? I WAS W/B ON 37ST IN THE RIGHT LANE. TWO CARS WERE TO MY LEFT. I WAS GOING TO MAKE A LEFT TURN ON 9TH AVE. THE TWO CARS TO MY LEFT WENT STRAIGHT AT 9TH AVE. WE HAD THE GREEN LIGHT. WHEN THE TWO CARS CLEARED I BEGAN TO MAKE MY TURN AND I DIDNT EVEN SEE THEM. I HEARD THE BANGS AND STOPPED. ~~THE OTHER CARS WENT STRAIGHT~~

What was the cause of the accident? The weather (snow). The Pedestrians had an umbrella & thick and maybe they couldn't see. (THE OTHER 2 CARS, THAT WENT STRAIGHT)

INSERT ANSWERS PERTAINING TO EACH VEHICLE UNDER APPROPRIATE COLUMN	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
License plate No.	<u>N.J. CMP 880</u>		
Make, type and color of vehicle	<u>1988 Chevy PU Blue</u>	<u>2500 SCOTTSDALE Blue/silver</u>	
Direction of travel and on what street	<u>W/B 37TH to S/B 9TH AVE</u>		
Speed of vehicle(s) involved	<u>maybe 3 mph</u>		
Was vehicle subject to traffic control devices, signal lights, signs, pavement markings, etc.?	<u>I HAD THE GREEN LIGHT</u>		
Did vehicle swerve or turn to avoid contact?	<u>I DIDNT SEE THEM</u>		
Immediately prior to accident, was any signal given? (horn - hand - other)	<u>NO</u>		
What lights on vehicle were lighted?	<u>HEAD/TAIL/L/DIRECTIONAL</u>		
What were the points of impact?	<u>L/F FENDER - BUMPER</u>		

At time of accident, were there any other vehicles on the street in the vicinity? ☒ Yes ☐ No If yes, describe: 2 CARS TO MY LEFT

In what direction was pedestrian (if any) going? <input checked="" type="checkbox"/> With signal light <input type="checkbox"/> Against signal light	<input type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Standing
Accident occurred during: <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Darkness	Weather Condition: <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input checked="" type="checkbox"/> Rain <input checked="" type="checkbox"/> Snow (Describe)
ROADWAY LIGHTED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Road Condition: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Muddy <input checked="" type="checkbox"/> Snowy <input type="checkbox"/> Icy <input checked="" type="checkbox"/> Other (Slush)
Obstructions of holes in street: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe:
SIGNATURE OF WITNESS: <u>Michael Phillips</u>	SIGNATURE OF INVESTIGATING OFFICER: <u>[Signature]</u>
TAX REG. NO. <u>887573</u>	COMMAND: <u>HOME</u>